S

	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS	Use separate so for each categor Detailed Summo	ory of the	FOR LINE NUMBER: PAGE 36 OF 49 (check only one) 19a 19b 20a 20b 20c 21
	y information copied from such Reports and Statement for commercial purposes, other than using the name a			
	NAME OF COMMITTEE (In Full) Scott for Congress			
Α.	Full Name (Last, First, Middle Initial) Simonds for Delegate			Date of Disbursement
	Mailing Address PO Box 1952			10 14 2015
	City State Zip Code Newport News VA 23601-0952			Amount of Each Disbursement this Period
	Purpose of Disbursement Donation		011	250.00 Transaction ID : D773350
	Candidate Name		Category/ Type	
	Office Sought: House Senate President State: Disbursement Othe			
В.	Full Name (Last, First, Middle Initial) Southside Child Development Center Mailing Address 1420 McDonough St.			Date of Disbursement 11 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City State Zip Code Richmond VA 23224			Amount of Each Disbursement this Period
	Purpose of Disbursement Table sponsor			500.00 Transaction ID : D773384
	Candidate Name		Category/ Type	
_	State: District: Full Name (Last, First, Middle Initial)			
C.	TSO Newport Maritime, LP The Simpson Organization, Inc			Date of Disbursement
	Mailing Address 1401 Peachtree St NE Ste 400			10 192015
	City State Zip Code Atlanta GA 30309-3041			Amount of Each Disbursement this Period
	Purpose of Disbursement Rent 001			477.71
	Candidate Name			Transaction ID : D773367
	Office Sought: House Senate President Disbursement Prim Othe		Туре	
	State: District:			
s	UBTOTAL of Disbursements This Page (optional)			1227.71

TOTAL This Period (last page this line number only).....